

JAN C 2005

1026

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED
JAN 11 2005

OMB APPROVAL

OMB Number: 32350076

Expires: May 31, 2005

Estimated average burden hours per response... 1

SEC USE ONLY

Prefix Serial

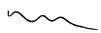
DATE RECEIVED

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and r	name has change	d, and indicate change.)				
COTT LABORATORIES, INC. 2004 OFFER TO EXCHANGE						
Filing Under (Check box(es) that apply): [] Rule 504	[] Rule 505	[/] Rule 506 [] Section 4(6) [] ULOE				
Type of Filing: [✓] New Filing	[].	Amendment				
A. BASIC ID	ENTIFICATION	DATA				
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and na Scott Laboratories, Inc.	me has changed,	and indicate change.)				
Address of Executive Offices (Number and Street, Code) 2804 North Loop 289, Lubbock, Texas 79416						



	A. BASIC IDENTIFICATION DATA						
	al Business Operations (Number and Street, City, State, Zip Code) Telephone Number erent from Executive Offices)	(Incl.					
use in the field of m	of Business , Inc. is a research and development company formed for the purpose of developing technol nedical sedation and analgesia. The business focuses on software development and electric ering in connection with development of a prototype sedation system.						
Type of Business Organization							
☑ corporation	[] limited partnership, already formed [] other (please specify):						
[] business trust	[] limited partnership, to be formed						
Organization: tion: (Enter tw	Month Year d Date of Incorporation or [0][5] [9][7] Mactual [] Estimated wo-letter U.S. Postal Service abbreviation for State: for other foreign jurisdiction) [T][X]						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

	A. BASIC IDEN	TIFICATION DA	TA	
 2. Enter the information requested for Each promoter of the issuer, if Each beneficial owner having t class of equity securities of the Each executive officer and dire partnership issuers; and Each general and managing pa 	the issuer has bee he power to vote o issuer; ctor of corporate i	or dispose, or direct	et the vote or d	isposition of, 10% or more of a
Check Box(es) that [] Promoter ☑ Apply:	Beneficial Owner	[] Executive Officer	☑ Director	[] General and/or Managing Partner
Full Name (Last name first, if individual Hickle, M.D., Randall S.	1)			
Business or Residence Address c/o Scott Laboratories, Inc., 2804 Nort		reet, City, State, Z ock, Texas 79416	ip Code)	
Check Box(es) that [] Promoter ☑ Apply:	Beneficial [] Owner	Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individua Johnson & Johnson Development Corp				
Business or Residence Address 1 Johnson & Johnson Plaza, New Bruns		reet, City, State, Z 08933	ip Code)	
Check Box(es) that [] Promoter [] Apply:	Beneficial Owner	[] Executive Officer	☑ Director	[] General and/or Managing Partner
Full Name (Last name first, if individua Andrews, Clayton C.	l)			
Business or Residence Address c/o Scott Laboratories, Inc., 2804 Nort		reet, City, State, Z ock, Texas 79416	ip Code)	
Check Box(es) that [] Promoter [] Apply:	Beneficial Owner	[] Executive Officer	☑ Director	[] General and/or Managing Partner
Full Name (Last name first, if individua Joseph, M.D., David M.	1)			
Business or Residence Address		reet, City, State, Z	ip Code)	

	A. BASIC ID	ENTI	FICATION DA	TA			
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[]	Executive Officer	Ø	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individu Perkinson, M.D., Bradley R.	ıal)					_	
Business or Residence Address (Nun	nber and Street, (City, S	tate, Zip Code)			
c/o Scott Laboratories, Inc., 2804 No	rth Loop 289, Lu	bbock	, Texas 79416				
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	Ø	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individu Reasoner, Vanessa R.	ıal)						
Business or Residence Address (Nun	nber and Street, (City, S	tate, Zip Code)	_		
c/o Scott Laboratories, Inc., 2804 Noi	th Loop 289, Lu	bbock	, Texas 79416				
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	☑	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individu Scott, W. Tate	ıal)	-					
Business or Residence Address (Nun	nber and Street, (City, S	tate, Zip Code)			
c/o Scott Laboratories, Inc., 2804 Nor	rth Loop 289, Lu	bbock	, Texas 79416				
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	<u> </u>	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individu Derouen, Jason	nal)	_					
Business or Residence Address (Num	nber and Street, (City, S	tate, Zip Code)			
c/o Scott Laboratories, Inc., 2804 Noi	th Loop 289, Lu	bbock	, Texas <i>7</i> 9416				
(Use blank sheet	or convend use s	dditio	nal conice of	hic o	hoot og no	00000	····)

B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?															
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							B. INFO	RMATI	ON ABC	UT OFF	FERING				
2. What is the minimum investment that will be accepted from any individual?	1.														
3. Does the offering permit joint ownership of a single unit?					A	Answer a	also in A	ppendix	, Columi	ı 2, if fili	ng unde	r ULOE.			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	2.	Wha	at is the	minim	um inve	stment t	hat will	be accep	ted from	any ind	lividual?		\$_	NONE	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3.	DOES THE OTICINIE DEFINITIONAL OWNERSHIP OF A SHIELE WHILE													
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the													
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Ful	ll Nai	me (Las	st name	first, if i	ndividu	al)								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	sines	s or Re	sidence	Address		(Numl	per and S	Street, C	ity, State	e, Zip Co	de)			
(Check "All States" or check individual States)	Na	me o	f Assoc	iated Br	oker or l	Dealer									
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [VI] [Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													· · ·	1.0	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)															
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	_	_	_												
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	_	_													
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	_	_													
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Ful	ll Nar	ne (Las	st name	first, if i	ndividua	al)								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	Business or Residence Address (Number and Street, City, State, Zip Code)													
(Check "All States" or check individual States)	Na	Name of Associated Broker or Dealer													
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]														1.0.	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]							-								
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]									-						
	_	-	-												
	-	-							_						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "o" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \omega and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Total Shares

Type of Security	Offered for Share Exchange	Number of Shares Exchanged
Debt Equity	<u>0</u>	<u>0</u>
Convertible Securities:	<u>0</u>	<u>0</u>

Other: Grant of a "contingent right" to payment in the form of a percentage interest, or "pro rata amount", in certain net proceeds upon tender of exchangeable shares of common stock held by certain 7,144,945 Shares 240,800 Shares stockholders of record. As of the date hereof, 240,800 exchangeable shares were exchanged. 1/.....

Total..... Answer also in Appendix, Column 3, if filing under ULOE.

7,144,945 Shares 240,800 Shares

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "o" if answer is "none" or "zero."

	Number of Investors	Number of Exchangeable Shares Exchanged
Accredited Investors	<u>2</u>	237,600 Shares
Non-accredited Investors	<u>2</u>	3,200 Shares
Total (for filings under Rule 504 only)	$\overline{N/A}$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.		

The transaction is an offer to all stockholders of record of the Issuer (but to no more than 35 non-accredited stockholders) to tender all shares of common stock of the Issuer outstanding, issuable upon conversion of Series A Preferred Stock and upon exercise of stock options (each an "exchangeable share"). Upon tender of each "exchangeable share" in the offer, in addition to the payment of cash consideration, a stockholder will be granted a "contingent payment right" that would entitle such stockholder to participate in certain adjusted proceeds, if any, received by the Issuer in connection with a particular services agreement unrelated to this transaction, based on the number of exchangeable shares tendered in relation to the total number of exchangeable shares.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505 Regulation A Rule 504 Total	N/A N/A N/A N/A	N/A N/A N/A N/A
4. (a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total		[] \$
b	. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		There are no proceeds to the issuer in a share exchange

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
		Shares Exchange with Officers, Directors & Affiliates	d Shares Exchanged with Others
	Salaries and fees	[]o	[] <u>o</u>
	Purchase of real estate	[] <u>o</u>	[]o
	Purchase, rental or leasing and installation of machinery and equipment	[<u>]o</u>	[]o
	Construction or leasing of plant buildings and facilities	[<u>]o</u>	[<u>]o</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] <u>o</u>	[]o
	Repayment of indebtedness	[<u>]o</u>	[<u>]o</u>
	Working capital	[<u>]o</u>	[<u>]o</u>
	Other (specify): Exchange of exchangeable shares with stockholders of record	[]7.144.945 <u>Shares</u>	[<u>]o</u>
	Column Totals	[]7,144,945 <u>Shares</u>	[] <u>o</u>
	Total Payments Listed (column totals added)	[] 7,144	.945 Shares

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature	Date
SCOTT LABORATORIES, INC.	Rondoll Herble	January 👉 , 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Randall Hickle	President	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)